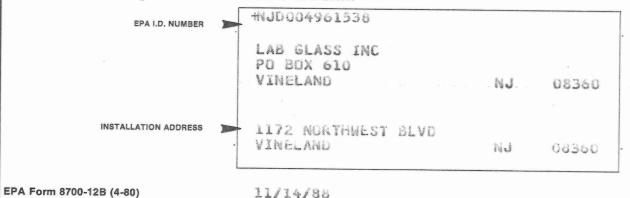


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



11/14/88

SCIENTIFIC GLASSWARE - RESEARCH APPARATUS LAB GLASS, INC. KINGSPORT, TENNESSEE MANUFACTURERS OF 1172 NORTH WEST BLVD. VINELAND, N. J. 08360 PHONE (609) 691-3200 AM 11: 44 October 28, 1988 PERMITS ADMINISTRATION BRANCH NTD 004 961538 US DEP Region II Permits Administrative Branch 26 Federal Plaza New York, NY 10278 Dear Sirs: Please find enclosed, EPA Form 8700-12 (Rev 11-85), filled out and signed for our two locations in Vineland, NJ, 08360. We

are filing these forms in accordance with federal and state laws concerning the proper disposal of waste substances.

If you have any questions, concerning this matter, please contact me at 609-691-3200.

Sincerely Yours,

Ronn Flaim

Lab Glass, Inc.

RF/kap file

United States Environmental Protection Agency Washington, DC 20460

SEPA

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

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I. Name o	of Ins	talla	tion	1																					7.		
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II. Installation Mailing Address Street or P.O. Box																											
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III. Location of Installation																											
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IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number)																											
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VI. Type o						Act	ivity	1	ark '	X' ir	the	api				xes.	Ref	er to		struc	tior	15.)					
			Haza)il Fu	and the second		ies				
1a. Generator																											
☐ 3. Treater/Storer/Disposer ☐ a. Generator Marketing to Burner																											
4. Underground Injection								☐ b. Other Marketer																			
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)								-	C. Burner																		
☐ a. Generator Marketing to Burner ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification																											
b. Other Marketer C. Burner																											
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in																											
which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace																											
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)																											
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)																											
IX. First or Subsequent Notification																											
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.																						acti	ivity	or a	subse	quer	nt
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				ID	- For Official Use Only	/
				CW		T/A C
X.	. Description of Haz	ardous Wastes (c	ontinued from fron			
	Hazardous Wastes from from nonspecific sources	Nonspecific Sources	. Enter the four-digit no	mber from 40 CER Part 3		zardous waste
	1	2	3	4	5	6
	X725					
	7	8	9	10	11	12
R	Hazardous Wastes from	Specific Sources For		10.050.5		
۵.	Hazardous Wastes from specific sources your ins	stallation handles. Use	additional sheets if nec	er from 40 <i>CFR</i> Part 261.3 essary.	32 for each listed hazard	ous waste from
	13	14	15	16	17	18
	19	20	21	22	23	24
	25	26	27	28	29	30
c.	Commercial Chemical P your installation handles	roduct Hazardous Wa which may be a hazard	stes. Enter the four-dig dous waste. Use additio	it number from 40 <i>CFR</i> P nal sheets if necessary.	art 261.33 for each cher	nical substance
	31	32	33	34	35	36
	37	38	- 39	40	41	42
	43	44	45			
				46	47	48
D. I	Listed Infectious Wastes pitals, or medical and res	. Enter the four-digit needs to laboratories your	umber from 40 <i>CFR</i> Par installation handles. U	t 261.34 for each hazard se additional sheets if ne	ous waste from hospital cessary.	s, veterinary hos-
	49	50	51	52	53	54
Ē. (Characteristics of Nonlis	ted Hazardous Wastes	Mark 'X' in the boxes	corresponding to the cha	tracteristics of populated	hazardous wastes
y	your installation handles.	(See 40 CFR Parts 261	21 — 261.24)	our separating to the end	rocker istics of normates	1102210003 Wastes
	1. Ignitable (D001)		2. Corrosive (D002)	3. Reactive (D003)		4 Toxic (D000)
KI.	Certification					
	I certify under penal this and all attached obtaining the inform there are significant	d documents, and i ation, I believe tha	that based on my ii I the submitted info	nquiry of those indiv Irmation is true, accu	riduals immediately urate, and complete	responsible for lamaware that
	nature			cial Title (type or print)		Signed
	Kom Ha	in	Ronn F	Taim Contr	0/125 10	-27-88
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EPA Form 8700-12 (Rev. 11-85) Reverse

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